Frequently Asked Questions
Level of Care System

DJJ

1. If we have a DHR contract and take in a DJJ youth, whose paperwork do we use?

DJJ will submit a referral packet to the provider and authorization for services. To the extent possible, the Level of Care forms are generic across DHR and DJJ. The providers will use their own treatment plans, case notes, etc.

2. Any youth under DJJ probationary custody or not, is eligible for level of care assessment payment when placed in a child caring institution?

Most placed youth are committed to DJJ, however, DJJ does pay placement per diem for youth who are pending court decisions and would otherwise be in a Regional Youth Detention Center (RYDC)

3. Should level 6 providers use the Invoices included in packet? If not, what is the process?

Use the invoices included in the packet.

4. Has DJJ sent a letter of approval (LOC) to provider?

No. Contract cover letter will have approval. If not received, call Stella Browne at (404) 508-6543.

5. Are two contracts necessary for an agency to both serve DJJ and DFCS placements? Or is there a single contract with DHR?

Each agency has its own contract, so if a provider is serving both DJJ and DFCS youth, the agency must have a contract with each agency.

6. As a provider that only provides services to DHR DFCS, as of March 1, 2004, will DJJ now start referring children to those agencies that previously only served children from DHR/DFCS?

Only if the provider has indicated they want to serve DJJ youth as well as DFCS youth and the agency has signed a contract with DJJ.

7. What does an institution do when DFCS/DJJ Caseworker does not work or collaborate with the institution?

The provider should contact the worker's supervisor; if that does not resolve the issue, the provider should contact up the chain of command.

8. When a child is in DJJ/DFCS custody, what latitudes does the institution have to contact the child's family? Do we have to get permission from Caseworker's first? Do we have to

let CW know when we do make contact? What are the ramifications when making personal contact?

For DJJ youth, we expect the provider to contact the family unless expressly told not to by the DJJ case manager.

9. Are DJJ/DFCS going to implement LOC at the same time?

Yes

10. Is it necessary to submit the LOC monthly invoices (Annex C) and the Incidental Expenses invoice (Annex C-2)?

Yes

11. What does RPS stand for?

Residential Placement Specialist-DJJ has five RPSs, assigned to the 5 DJJ regions, and they are responsible for placement referrals and billing.

12. Is Level 4 the old TFC 1?

There is not a direct equivalent, however, the old TFC 1 is comparable to LOC 3 or 4.

DFCS

1. How will the assignment of a child's level be accomplished at intake? Who will do it and how long will it take?

County DFCS directors may approve an Assessment Level for 60 days for a child coming into care. This will allow the county time to prepare for the Level of Care Application Packet. Depending on the preliminary determination of the child's needs, the package will be submitted either to the Social Services Treatment Specialists (SSTS) in the Regions or to the Program Consultants (PC) at Two Peachtree. Once a completed application is received, the child's level will be determined within 7 working days.

2. Are there any extra activities required by the providers during the time when the child in under assessment and a level in not determined yet?

The provider is required to develop and implement a service plan that addresses the child's needs.

3. What official notification will be given to providers to inform us a child's level had been changed, both at intake and after reviews?

For new children with Level One through Three needs, the Social Services Treatment Specialist will notify the case manager of the child's level and will share this with the provider. The case manager will receive a Level of Care Memorandum indicating the level. Providers serving children with Level Four through Six needs will receive a letter from the Program Consultant at Two Peachtree giving them the child's level. After

utilization reviews, the SSTS/PC assigned to the provider will inform him/her of the levels.

4. Can you develop an indicator manual or guide that will be available for us as a means of explaining the requirements and conditions in the LOC Standards?

Once all of the Level of Care policies and procedures have been finalized and are in writing we can look at developing an indicator manual for Minimum Standards.

5. Which levels are equivalent to TFC levels II and I with regards to services?

There is not an exact equivalent, but the old TFC level 2 can be compared to the new level 5, and the old TFC level 1 to the new levels 3 or4. The new Minimum Standards for LOC address visits to the child on p.28. Medicaid can be used to purchase psychological services for Levels 4 and below.

6. With the additional standards being required of private providers and additional monitoring to ensure quality services for children in care, what is being done to hold DFCS foster homes to the same standards and accountability?

At the present time, the needs of children in DFCS foster hones will not be leveled and payment rates to foster parents will continue to be established as they are currently. Therefore DFCS foster parents will not be held accountable to the new Minimum Standards. We hope to address this in Phase 2 of the LOC program.

7. Will the clarifications in the contract stated today be put in writing?

Yes

8. Will parents have to give up custody for their children to get treatment under the LOC system?

No

9. Clarify system for parental custody children.

Currently nothing has changed for children in parental custody. MHDDAD is considering the possibility of a different model of services for FY '05.

10. What agencies need to complete LOC application and what is the time frame?

Any provider wishing to serve youngsters for DJJ and/or DHR will need to complete an LOC application. Applications began to be mailed out 11/03; the deadline for this group to return the application was 12/15/03. MHDDAD providers did not receive theirs until 2/04. For this latter group, applications need to be submitted as soon as possible with the plan for contracts to be in place 4/1/04.

11. Can we get help to recover some of our cost to vamp up for LOC min. standard?

A notice of the possibility of bridge funding was sent to providers and applications have been received and are being reviewed pending funding availability.

12. Are psychological services billable by/to Medicaid at level four and below?

Yes

13. Are we to assume the requested waivers were granted? (Our LOC application requested 2 waivers regarding staff qualifications. We have received a letter noting our level, but not commenting in regards to the specific waivers.)

If you received your level approval letter, you can assume that your waiver has been granted. Waiver letters will be mailed during March.

14. If a child caring institution is approved to serve Level 3, what all levels can be waived for services? When must the institution refuse a child referral at a certain level of care higher than 3?

There is no "rule" regarding a waiver to serve a level of care higher than providers approved level. What will be reviewed in the waiver request is the provider's ability to provide the services required by the child's higher level.

15. Level 4 includes" Running away w/ absences of several hours or more" but level 3 says "brief absence," What is a brief absence?

This language from the Level of Care Indicator Manual is meant to give a general description of behaviors without providing strict definitions. "Brief Absence" could mean a young child who repeatedly leaves the home without permission but returns within an hour or so. Or the child leaves but goes to the same place every time and the caregiver can locate him.

16. What is "sexual acting out without harming others"?

Some examples could be excessive masturbation, peeping, etc., where another individual is not involved.

17. What is adequate "documentation or support services" using community based resources"? Who qualifies as "community based"?

Community-based resources include schools, recreation centers, churches/synagogues/mosques, leisure activities, sports teams, mental health services, volunteer activities, mentors, Big Brothers/Big Sisters, informal/natural helpers.

18. Does DSM IV Diagnosis such as PTSD or Conduct disorder automatically qualify for a certain LOC?

No

19. How will providers be notified of LOC Changes? How will we be notified of LOC placement change while youth is in care?

DJJ/DHR plan to have a website that will have current LOC procedures posted. In time, a procedure handbook will be developed. For individual children, providers will be notified of LOC changes at the time of the initial level establishment and at the time of the utilization reviews.

20. If a child comes into your facility at the assessment level and when leveling is complete is outside of your approved level- does the 72 hr discharge come into effect?

When leveling is complete, the 1st step would be for the provider to assess whether they are able to provide the services the child needs. If this is possible, the provider would submit the waiver request to serve the higher level of need to the Treatment Specialist/Program Consultant. If the provider is not able to provide the higher level of services and does not believe that they can keep the child sage, then they can request that the child be moved within the 72-hour period.

21. If you are a level 1-3 program and have a few level 4, whom does the waiver need to go to for approval?

The waiver request goes to the Treatment Specialist/Program Consultant assigned to your program. However, for the LOC startup on 3/1, children with levels of need higher than a provider's approval will be "grandfathered in" until the next Utilization Review. Waiver requests for 3/1 are not necessary.

22. How will children be leveled prior to placement? What if we disagree with the initial level?

Leveling began 3/03 and has been ongoing. For children new to the leveling system, there is a process for establishing a level of need for DFCS children whereby either DFCS (assessment level), the Treatment Specialist (Levels 1-3) or the Program Consultant (Levels 4-6) reviews the child's materials and assigns a level. For children in parental custody the process remains the same with the Program Consultant reviewing the materials and assigning a level. There is an appeal process for providers and/or case managers to follow if there is disagreement on the level.

23. Is there a published list of contracted facilities, the LOC they provide? Also is there a description of each LOC.

There is a list of all approved LOC providers and the levels of approval for each. A description of each level can be found in the Level of Care Indicator Manual.

24. If level 5 kids come into Emergency shelter, do we have to provide level 5 services?

In order for the Level 5 payment rate to be reimbursed, Level 5 services need to be provided.

25. Do children in emergency shelters have to have an ISP? If yes, what happens when we don't have any information?

Yes, an ISP is required for the authorization of Medicaid services. If only limited information is available, the ISP at a minimum should address the health, safety, and well-being issues that require further assessment.

26. Does the level of care assessment work the same for DFCS as it does with DJJ when it comes to the child transferring between levels?

The question is unclear. However, DJJ and DHR are both implementing the same LOC system. Child specific questions can be directed to the appropriate department.

27. We would like to continue providing services to these youth w/o altering our staff: student ratio from 1:10 to 1:8. Is this OK? Do we need a waiver?

Providers will have until February 2005 to comply with the staff to child ratios in Minimum Standards. You do need to request a waiver, which should be submitted to DFCS and/or DJJ.

28. What is the LOC per diem for a child leveled at a 6?

The rate of an institutional program with on-site education is $321; without education the rate is $298. A per diem for child-placing agencies has not yet been established.

29. What is the level 6 rate for child-placing agencies?

The rate is being established.

30. Is a waiver required for youth currently in care leveled as a 6?

This depends on the provider's level of care approval. For all providers with approval levels of 5 or below, a waiver is required.

31. How does the LOC system relate to Adoption assistance?

Adoption Assistance per diems will be established that correlate to the LOC needs that have been identified. The Office of Adoptions, the DFCS case manager, and the Treatment Specialist/ Program Consultant will confer to establish an appropriate Adoption Assistance rate.

32. Will the treatment services formerly known as MATCH be monitoring all level 4 and 5 by UR's?

All providers will have Utilization Reviews of all children receiving LOC services. Treatment Specialists or Program Consultants will conduct these reviews. A review calendar is being developed.

33. Will we use CAFAS quarterly on all until 4/5? Will we continue to enter the scores?

Data system requirements for providers formerly know as MATCH providers continue.

34. Medicaid can be used for Medical TX w/5 & 6; does the provider pay for therapeutic services?

The reimbursement rate for Levels 5 & 6 is a comprehensive rate that means all therapeutic services are included in that rate. Therefore, the provider is responsible for the therapeutic services.

35. When will case managers' start knowing children's levels? They currently do not at time of phone intake.

For children already in placement, each county is receiving lists of their children and levels before 3/1/04. County DFCS offices have been trained in the process to establish a level of need for new children entering the LOC system.

36. If a level 2 child disrupts, will we be expected to stabilize that child at level2 rates? Even though additional levels of services are required?

Yes, the provider is expected to try to stabilize the child. If the child continues to demonstrate a higher level of need and the provider is willing and able to provide the additional services, the provider should contact the case manager and the Treatment Specialist.

37. What if a child at level 1 or 2 disrupts and enters an emergency shelter, will that level 1 or 2 child enter as "assessment level" level 3?

Yes, the lowest rate for an emergency shelter is the Level 3 rate.

38. What will First Placement Best Placement role be in LOC?

FPBP providers will generally be completing the child and family assessment while a child is being served at the Assessment level. The placement provider will have valuable information to share with the FPBP provider and should be a part of multi-disciplinary team planning effort.

39. Should treatment plans include at least one goal, objective, and intervention to increase family involvement?

Definitely, unless TPR has occurred.

40. If provider requests re-level, is this done at every 6 months or when request is made?

If a child's needs change and a Utilization Review is scheduled within the next 60 days, the re-leveling will e done at the Review. If the Review is beyond that time fame, a re-leveling evaluation can be requested through the Treatment Specialist or Program Consultant.

41. Is there anything being done to allow the clearance of prospective foster parents between state agencies and private providers and private agency and private agency?

In 1996 DFCS Foster Care and Treatment Services Units, with input from ORS and the private provider community, developed a Foster Parent Reference Request form. This form can be used to obtain information about foster parent applicants from both DFCS and other private providers. It can be obtained by calling the Treatment Services Unit.

42. What will happen with the children who currently receive blended funding?

If blended funding means joint payments from DJJ and DFCS or MHDDAD and DFCS, these children can continue to receive blended funding. The process for billing is being developed.

43. Under LOC will there be continuing funding after a child turns 18 if the child signs herself into care?

Youth turning 18 signing themselves into care can continue to receive placement services. However, this will occur outside of the LOC system. A contract is being developed for providers wishing to serve these youth that will have a set reimbursement rate established.

44. When should provider expect to receive their LOC approval letter?

A current provider, as of November 2003, of out-of-home care for DFCS who submitted a complete application to become a LOC provider should have received an approval letter.

45. Children in DFCS/DHR custody receiving allowances? Or is it a case-by-case basis?

For children in DFCS custody, the custodial county may provide an allowance based on its resources.

46. How do we add services sites?

The provider submits another Level of Care application packet to the Treatment Services Unit and/or DJJ.

47. What guidelines are there regarding the per diem private agencies pay to foster parents?

Each agency determines the payment rate for its foster parents.

48. Are FPBP reports being used to determine LOC?

Yes, particularly the initial LOC determination. Case managers are to include the FPBP assessment in the LOC application.

49. What is the process for appealing a level, if it appears wrong?

There is a Level of Care Provider/County Level Appeal Process. A copy can be obtained by contacting the DFCS Treatment Services Unit or DJJ. It is also on the GAHSC website.

50. What is the future of the current assessment centers that provide MATCH assessments for a 90-day period?

Children will continue to be referred for assessment at those centers.

51. Will these assessment centers all be paid at the assessment rate?

The assessment centers, formerly known as MATCH assessment centers, are approved to serve children with Level 5 needs and will generally be paid at that rate.

52. What is the process in getting a level assigned to a child who is already in DFCS custody in a basic foster home but needs to move to a residential treatment facility?

If the case manager and supervisor believe that child may have Level 4 through 6 needs, the local interagency team should staff the child. IF the team recommends residential, the case manager completes the Level of Care Application and submits it to the Treatment Services Unit at Two Peachtree Street, Atlanta. In January, the local DFCS offices received training in how to access Level of Care for their children.

53. When children come into care who have not had an assessment and have not been assigned a level, can the agency providing care provide the assessment services?

All children in private out-of-home care are assigned a level. For new children, the DFCS county director or designee can approve the assessment level or Level 3. The provider who accepts the child is expected to participate in the First Placement, Best Placement Assessment and should have important information to share about the child and sometimes the family. An agency may be a provider of both out-of-home care and First Placement, Best Placement services.

54. Who re-evaluates DFCS children when the time comes to re-evaluate them and is the time period also every 6 months?

A Treatment Specialist/Program Consultant will review every child in private out-of-home care every six months.

55. Is children evaluated at their own time schedule from entering into care or are there designated dates for your entire group to be assessed?

A review schedule by provider is being developed

MHDDAD

1. Are the CSB's provided an LOC manual?

CSBs can access the Level of Care Provider Manual on the website for GAHSC at www.gahsc.org

Training

1. How do we obtain training regarding time study, cost report, and required services documentation?

The state will not provide training in services documentation. The Georgia Association of Homes and Services for Children provides training in a variety of subjects for providers and maintains a detailed training calendar on there website, gahsc@aol.org

2. Who do we get waiver for degree of certification of staff?

Waivers to the ORS Rules and Regulations are addressed to that office. Waivers to the Minimum Standards for Level of Care providers should be addressed to DFCS Treatment Services Unit or to DJJ.

3. Could you talk about the increased requirements for staff and foster parents? Are there less stringent requirements for part-time staff?

The Specialized Standards for Level of Care providers: Child Placing Agencies build on the ORS Rules and Regulation for Child Placing Agency which do not include a provision or special consideration for part-time staff.

4. What procedural steps are you implementing to deal with situations where DFCS refuses to listen to private care providers?

It is understood that there will be times when professional disagree about how a case is to be managed. At the time of placement, it would be good to anticipate and plan for differences/conflicts. If the conflict cannot be resolved between the provider and the case manager, the provider may wish to utilize DFCS chain of command and contact the supervisor, next line administrators, and county director. County directors report to field directors.

5. The state office of DFACS states that MAPP will no longer be offered as of the spring of 2004 and that they are going to develop an "in house" program of training. The standards state that the agency must use MAPP or a "nationally approved training program." How will this get resolved?

The decision to move away from MAPP occurred right after the Minimum Standards were written. The DFCS Education and Research Section will be developing new curriculum for foster parents. This work will begin in April. It is our understanding at this point that private providers will not have to use the curriculum that is developed, though they may choose to do so.

6. Why is an additional 15 hours of in service training now being required for foster parents of level 2 children? Is there data to show that 5 additional hours of training will make a difference? Is that why this is now being required?

Today, foster parents are asked to deal with challenges and needs that were generally unheard of by earlier generations of foster parents. The idea is to provide them with the knowledge and skills so that they can work effectively with children, families, and the community. Staff support and coaching tailored to the individual needs of the foster parents should be used to enhance the impact of the training.

<u>Standards</u>

1. Why is the agency responsible for arranging family services in the home community?

The standards state that, "If the child is not placed close to family the agency assists with transportation and helps the local case manager to arrange for family services in the home community." Arranging for these services is a joint responsibility of the provider and custodial agency. The child will spend the majority of his/her time in the provider foster home and group home. This means that the provider will have substantial information about the child's needs and what the family will require to care for the child. If a child is to be successful post-discharge, it is critical that families have the services and supports they need to provide for themselves and their children's well-being and safety.

2. To what degree can an agency be held responsible for arranging and providing housing and employment for the family?

The standards require that the provider work with the family and the local case manager to address these needs. Again, this is a shared responsibility with the custodial agency. A provider may only be able to identify possible resources. The standards do not require that the provider arrange or provide for them directly.

3. Please define "after care services"

Aftercare services are those resources that the child and family will need to be successful once reunification has occurred. The services can include a mix of formal and informal supports and should be tailored to the individual needs of the child and family. Formal services may include special education and mental health counseling, day treatment, etc. Informal supports may include a connection with the faith-community, participation in recreation, an after school activity program, a volunteer project.

4. Why is the agency responsible for "identifying and locating family members?" Is that DFCS job? What about termination of parental rights situations?

The standards state that, "…identifying, locating and engaging family members. should be done in partnership with the DFCS or DJJ case manager." Sometimes a provider can bring a fresh perspective and energy to working with a family. A child may share with the provider new information about family members.

There will be times when parental rights have been terminated and the child has not been adopted or achieved any other type of permanency. The decision to initiate contact with the birth family should be made on a case by case basis with input from the child, the custodial agency, the provider, other professionals, the court and other caring adults involved with the child. For some children re-establishing family contact has been meaningful and has had a positive influence on their adjustment to their current living arrangements.

5. Is the staff: client ratio at level 6 of 1:4 inclusive of overnight staff?

Providers who are approved to serve children with Level 6 needs must comply with the ORS Rules and Regulations governing Specialty Hospitals. Level of Care Specialty Hospitals must meet the General Standards for all providers of Level of Care Services; there is no Specialized Standard for them. This question may be addressed to the providers ORS surveyor.

6. Why is it necessary for an executive director at level 2 is required to have 3 years of experience? Some Executive Directors are hired because of the strengths they have in fundraising and public relations, but not programs. When an Executive Director is not a program-oriented person, agencies hire a qualified supervisor to run the programs. By this requirement of experience, you are going beyond ORS rules and it appears unnecessarily limiting to the staffing rights of an agency.

The Minimum Standards build on the CCI and CPA standards. The variety, severity, and complexity of children's needs increase with each Level; the standards reflect this. An agency can apply for a waiver to the staff qualifications.

7. Again, how reasonable is it to ask foster parents to be involved in the placement decision process? Are foster parents asked to go further our of their way by taking time out of their busy day to travel somewhere to meet a child's family prior to placement? This could be an additional hardship for foster parents. Are foster parents being asked to allow a child's family to come to the foster family's home and know where they live? This could be a level of confidentiality that the foster parents would not be comfortable with revealing at the beginning of a placement.

Whenever possible, we hope that children will be placed in or near their home communities. This assists the child in maintaining important ties, particularly to family. The standards do not say anything about foster parents traveling to meet a child's family. The standards do say that the child and the foster parents should have the opportunity to visit prior to placement. We know that this is often not possible but it is best practice. If the goal is reunification, the provider should invite the family to the admission or request that the case manager bring the family. Some foster parents are comfortable having family members visit in their homes when this can be done safely. Foster parents can provide important support to families as well as modeling positive parenting techniques. Foster parents are part of the service team. Confidentiality should be part of every agency's training curriculum for foster parents.

8. Is it necessary really to meet weekly with foster families during the first month for level 2 children? What if foster parent and child are doing fine and do not need extra visits? As an alternative, why not require just three in-person visits or two? Could there be more flexibility here allowing the private providers to determine for themselves what is needed in each situation?

The weekly visits during the first month serve many purposes: 1) it allows the caseworker to observe the child first hand and to assess the child's response to the living situation and the services that are being provided; 2) it providers an opportunity for the case manager to build a relationship with the child; 3) it allows time for the foster parent to express concerns and discuss possible strategies to assist the child. If the child is already known to the agency and the case manager and has suffered a disruption, the weekly visits at the new placement should allow for early identification of any factors that might contribute to another disruption and provide reassurances to the child that the case manager is still there for them.

<u>ORS/Licensing</u>

1. If our license through ORS is for a therapeutic camp, does that exclude us from LOC rates beginning March 1?

   An agency with a Therapeutic Camp license can apply to be Level of Care provider.

2. You don't have to have ORS Licensure unless there are 6 youths in the facility, therefore if you don't have a license from ORS but serve DFCS/DJJ youth and you are only serving 5 youth in the facility is ORS license required before making application or can both be done simultaneously?

An agency applying to be a Level of Care provider must have the proper license from the Office of Regulatory Services. These licenses include: Child Caring Institution, Child Placing Agency, Maternity Home, Specialty Hospital, Therapeutic Camp.

3. How will ORS do the review for compliance with the LOC Standards?

   ORS has developed a guide to assist them in reviewing for compliance with the Minimum Standards.

4. How will the LOC reviews be handled? Who will get them after they are done and how will perceived deficiencies be handled?

   ORS will share their findings with the Treatment Unit. If there are serious or persistent deficiencies around meeting the Minimum Standards, Treatment Unit staff will meet with the provider to discuss and develop a plan of correction.

Safety Issues

1. When a child is a danger to the other children in the home, how can you remove the child in an emergency?

A crisis and safety plan should be a part of every child's service plan, particularly those children who have a history of aggressive behavior.

If the child is an imminent danger to self or others, he/she should be evaluated at the local mental health center or by a mental health professional. Possible interventions may include: adding additional supports to the child in the home through the use of DFCS Wraparound; stabilization in a Mental Health Crisis Residential program, or, as a last resort, admission to an acute psychiatric facility.